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ABSTRACT

A follow-up national study surveyed 500 television and radio broadcasters to further understanding of their role as gatekeepers for public service announcements (PSAs) to educate audiences about AIDS, and to bring about "safe" behavior. Respondents were asked to provide information about their stations, and their stations' use of HIV/AIDS PSAs. Of the 19.2% responding to the survey, most reported using HIV/AIDS PSAs (87.4%). Only 37.7% agreed that HIV/AIDS is a significant national public health threat, although more than 75% reported knowing someone with HIV or AIDS. Certain findings differed greatly from an earlier pilot study of radio broadcasters, which identified a greater concern for HIV/AIDS as a significant national health threat, and identified statistically significant differences in opinions between broadcasters who did versus those who did not use the PSAs. The national study is consistent with the pilot study in that most broadcasters have not been personally contacted by campaign planners, and many broadcasters express reservations about the ability of PSAs to effect necessary behavioral change in the audience. (Contains the following appendixes: list of stations, by markets, for survey; sample television broadcasters survey; and research questions/instrument breakdown.Contains 31 references.) (Author/NKA)

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Public Service Announcements and the Fight Against AIDS:

A National Survey of Television and Radio Broadcasters' Attitudes and Policies

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1997

This survey was conducted as a follow-up to an earlier study of radio broadcasters' attitudes and policies on the same subject (See ERIC No. 389 030). Both studies were funded by, and supported through, the Cameron University Institutional Research Support Center, Lawton, Oklahoma, during the time the author was employed on the university faculty. The author, now an Assistant Professor at Oklahoma Baptist University, is grateful to Cameron University, and to Dr. David Carl, Dr. Mary Dzindolet, and to Debbie Crossland for their assistance with the administration of these projects.

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Running head: SURVEY OF BROADCASTERS

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Abstract

This paper summarizes the findings of a national study of television and radio broadcasters. Five hundred broadcasters were surveyed in an effort to further our understanding of their role as gatekeepers for public service announcements (PSA) to educate audiences about AIDS, and bring about "safe" behavior. Respondents were asked to provide information about their stations, and their stations' use of HIV-/AIDS PSAs. Of the 19.2% responding to the survey, most reported using HIV-/AIDS PSAs (87.4%). Only 37.7% agreed that HIV-/AIDS is a significant national public health threat, although more than 75% reported knowing someone with HIV- or AIDS. Certain findings differed greatly from an earlier pilot study of radio broadcasters, which identified a greater concern for HIV-/AIDS as a significant national health threat, and identified statistically significant differences in opinions between broadcasters who did- vs. those who did not use the PSAs. The national study is consistent with the pilot study in that most broadcasters have not been personally contacted by campaign planners, and many broadcasters express reservations about the ability of PSAs to effect necessary behavioral change in the audience.

Public Service Announcements and the Fight Against AIDS: A National Survey of Broadcasters' Attitudes and Policies

Background

Although initially a disorder which was perceived as an illness involving "marginalized groups, especially gay men" (Herek & Glunt, 1988, Abstract), Acquired Immune Deficiency Syndrome is now recognized as a potential threat to all members of society. In the United States today, those at risk for AIDS--or HIV, the virus identified as the precursor of AIDS--include 12 million people who are diagnosed annually with one or more of the dozens of sexually-transmitted diseases, ten million men who have had sex with other men, one million intravenous drug users, and "millions of others who will have sex with one or more new partners" (Peterman, Cates, & Wasserheit, 1992, p. 443). Once acquired, the virus may take up to ten years to develop. But in all cases, it leads to a slow, painful death.

AIDS was first officially identified in the U.S. in 1981. By 1988, it was the third leading cause of death among American men aged 25 to 44. (Chu, Berkelman, & Curren, 1992). Late in 1993, the U.S. Centers for Disease Control announced AIDS had advanced to become the leading cause of death for men in that age category ("AIDS is top killer. . . ", 1993). Between 1988 and 1994, the number of Americans with AIDS doubled. By July of 1994, more than 411,000 Americans had AIDS; 204,000 were already dead. Of four million people world-wide who have been diagnosed with "full-blown AIDS", 42 percent are Americans. The total number of Americans diagnosed with AIDS has been increasing at the rate of three to five percent annually ("Full-blown AIDS. . . ", 1994; see also Brown, 1991).

American society pays a staggering cost to AIDS through productive lives lost. But the impact of AIDS is more than just economic; AIDS is changing our social and political climate. Never before has there been "an organized group of sick people" competing for public

attention, recognition, and resources, Kolata writes (1990, p. 12). He argues that AIDS is "no longer mainly a medical story, if it ever was. The material may be medical . . . but decisions are made in political context" (p. 12). Our nation strains to provide the social services and medical attention that the HIV/AIDS epidemic and those affected are demanding.

There been a tremendous amount of energy put forth to stimulate public discussion on the causes and symptoms of AIDS, along with a massive effort to prevent Americans from acquiring the infection in the first place. And yet, the full intent of the effort is unrealized: "Over 95% of Americans feel they are at little or no risk of developing AIDS" write Peterman, Cates, and Wasserheit (1992, p. 443).

Clearly, we must do a better job communicating with the American public on the dangers of HIV infection and AIDS, and much of this communication must come through the broadcast media which permeate our society. This survey proposal is an effort toward that end: It advocates that we reach out to radio broadcasters, to find out more about these broadcasters, their use of AIDS public service announcements, and their opinions as to the most effective ways to communicate vital information about AIDS to the nation. In the end, it's hoped this effort will give us more information we need to deal with AIDS and the people it affects in the "more open and supportive way" suggested by Peterman, Cates, and Wasserheit (1992, p. 449). After all, as the above authors remind us--"The epidemic will not wait."

Problem

AIDS was first publicized in the media at the national level and continues to be perceived mainly as a story of national and international concern (Grube & Boehme-Duerr, 1988; Toufexis, 1987). In an effort to educate the national public to the dangers of AIDS (and later of HIV infection as a separate issue), in the mid-1980s the U.S. Centers for Disease Control and the Department of Health and Human Services launched the federal government's

primary outreach effort, "America Responds to AIDS". This radio and television campaign continues today with a new series of PSAs each year. Other agencies which produce HIV/AIDS PSAs include the Ad Council, the American Red Cross, the Will Rogers Institute and the Episcopal Church (See Myrick, 1994; Freimuth, Hammond, Edgar, & Monahan, 1990). Independent- and commercially-produced paid announcements and PSAs have been broadcast over MTV and through other media outlets. But the dissemination of these spots created by other entities does not appear to be as widespread as those issued by the "America Responds to AIDS" campaign.

Over the years (and partially in response to complaints about "America Responds to AIDS") there have been calls for greater development of PSAs at the local level. Merritt and Rowe, for example, contend that state and local governments should be responsible for the control of the AIDS epidemic and the many social and ethical considerations associated with it. But they also find that most state and local governments, strapped for funds as a result of the Reagan-Bush years, are unable to do so (Merritt & Rowe, 1988, p. 19). As a result, as recently as 1990 "the production of PSAs by state departments of health was not common" (Freimuth, Hammond, Edgar, & Monahan, 1990, p. 779).

There is a large amount of literature available for review on the general use of PSAs in health and safety campaigns. TV and radio PSAs have been found to be helpful in delivering general information to general audiences (Hastings, Eadie & Scott, 1990; Blosser & Roberts, 1985; Bosompra, 1989; Stroman & Seltzer, 1989; O'Keefe, 1985; Hanneman & McEwen, 1973). Millions of dollars worth of TV air time is set aside annually in the U.S. for PSAs; more than 120,000 AIDS PSAs alone were aired on TV between October, 1987, and December, 1990 ("More than 120,000. . .", 1991). PSAs dealing with the subject of AIDS air over stations in all the major markets in the U.S. as well as overseas ("American Advertising Federation . . .", 1989, p. C9; Toufexis, 1987).

The vast majority of communication research into PSAs regarding health issues focuses on traditional rhetorical analysis and effects studies, in an attempt to determine what information the spots contain, and whether people are watching and listening to them. Most of this research is consistent in that it finds PSAs do contain valuable general information, and that the information can be assimilated by a general audience (Hales-Mabry, 1987; Ramirez et al, 1983; Chicci & Guthrie, 1982).

AIDS PSAs have been subjected to content analysis by researchers Freimuth, Hammond, Edgar, and Monahan (1990)--who sought to determine whether PSAs were developed to facilitate behavioral change. Their study of 127 PSAs concluded that PSAs generally failed to target at-risk audiences for specific behavioral change. But, by the authors' own admission, their survey left as many or more questions unresolved in regard to selection of motivational appeals, political considerations and audience feedback.

Swanson took the rhetorical approach in his study of the "America Responds to AIDS" radio and television PSAs (1993). He studied the spots' characters, plot, pace, tone, and message design--and went a step further to embrace the textual perspective of discourse, enabled/disabled powers and valuable/not valuable knowledge. But his study, being introspective and qualitative in nature, could not address the potential affects of the identified communicative elements on the intended audiences.

The textualist approach was also taken in the earlier study by Myrick, Trivoulidis, Swanson, Lam, and Al-Qhtani (1992). This study concerned itself only with the Ad Council TV PSAs, and addressed mostly the way the PSAs used visual elements to represent "power relationships at work which contribute to the constitution of meaning" (1992, p. 7). Along this same line, there has been an examination of AIDS PSAs in regard to sexual empowerment. Myrick (1994) contends that many of the current PSAs dealing with AIDS "communicate he general message that AIDS is deadly, that it comes from being irresponsible with drugs, and

that it affects heterosexual teenagers" (1994, p. 124-125). His analysis is critical of recent campaigns for perpetrating social myths which "define and advocate a lifestyle based on. . . sexual preference" (p. 143).

Finally, Bush and Davies directed their research attention at PSA campaign planners--by surveying the opinions of people who coordinate government efforts to prevent AIDS (1989). While these researchers did find that most planners believe the campaigns have a positive impact, Bush and Davies also found that most planners disagree about how that impact comes about. There was no effort to assess broadcasters' opinions.

Research Questions

While all of the research effort to date has been valuable to help us gain more understanding of the PSAs, it still does not help us understand the specifics of how the announcements are chosen and applied by broadcasters. In order to do a better job of producing spots that affectively address AIDS, we must answer some questions about television and radio broadcasters and their critical role as gatekeepers in the AIDS information-dissemination process:

- What percentage of station representatives report using AIDS PSAs?;
- To what extent are these PSAs being broadcast?;
- What factors weigh into broadcasters' decisions on use of AIDS PSAs?;
- What do broadcasters think about the AIDS threat, and efforts to address it through PSAs?

See Appendix C for a break-down of how the instrument addresses the research questions.

Methodology

Stations sampled

The population for survey was taken from listings in the leading industry directory, the 1994 Broadcasting & Cable Yearbook (See Appendix A). The author stratified the Yearbook's 209 television markets so as to draw a sample which would identify, at random, stations of all sizes and from a variety of geographic locales. From the stratified sample, a total of 250 stations were selected--140 TV stations were chosen from "top 70" markets; 85 stations were chosen from the remaining 139 markets; 25 stations were chosen from rural areas outside of market areas.

The sample of radio stations was chosen in a similar fashion. A stratified sample of the Yearbook's 261 radio markets yielded 140 from the "top 62" markets, 85 from the remainder and 25 from rural areas outside of market areas.

(It should be noted that, in order to avoid any potential for bias as the result of an earlier pilot study of radio broadcasters on this same topic, no stations from Arkansas, Missouri, Oklahoma or Texas were surveyed for this research.)

Each of the 500 stations selected was mailed a letter of introduction and a survey questionnaire, addressed to the PSA director. A postage-paid envelope was included, to facilitate ease of return. Within two weeks after the initial mailing, post cards were sent to all 500, in an effort to encourage return of the questionnaire. Throughout the process, respondents were assured of absolute confidentiality.

Questionnaire

Each PSA director was mailed a three-page, 40-item survey instrument (See Appendix B). The survey began with "questions of most personal interest to the respondent" and continued with queries of decreasing importance--while saving "the most difficult items for the

very end" (see recommendations of Rubenstein, 1995, p. 99). To speed survey completion time and facilitate the quantification of data, 34 of the 40 questions were multiple-choice or Likert scale items. The remaining six questions required brief qualitative written responses. The author worked diligently to develop a questionnaire that takes Babbie's counsel to heart (1990, p. 145)--to collect data efficiently, while maintaining a simple and uncluttered "readability" that's necessary to ensure complete responses. From beginning to end, the questionnaire should have taken no longer than five minutes to complete. Great effort was taken to assure reliability and validity; the questions asked of all participants were identical (with the exception of slight alterations to facilitate responses based on whether the recipient worked in radio or television). Questions for the instrument were culled from questions developed in four earlier drafts; the instrument was reviewed by several faculty members and an advisory committee at Cameron University, and by a faculty advisor at the University of Oklahoma.

Findings

Surveys were returned from 55 television stations (42.7%) and 41 radio stations (57.3%). The respondents represent a wide variety of markets and formats. Most of the stations were commercial broadcasters (81.1%), although non-commercial stations were also well represented (18.9%). Respondents were strongly divided according to market size, with 13 (17.8%) identifying as urban market stations, 16 identifying as suburban stations (21.9%), and 44 identifying as rural stations (60.3%). A large number of stations (23) failed to identify the type of market they serve. No statistically significant differences were identified between the responses of television- and radio- station personnel; a MANOVA was performed to compare the broadcasters who do air the spots with those who do not. No significant differences were found.

- What percentage of stations report using AIDS PSAs?

Most Respondents report broadcasting HIV-/AIDS public service announcements (83 stations, or 87.4%). Although respondents receiving spots from a variety of sources at the federal or state level, 13.5% of the Respondents also reported not being able to recall the source from which some or all of their broadcast PSAs originated.

Among broadcasters who do not air HIV-/AIDS PSAs (12 stations, or 12.6%), three broadcasters reported not airing any PSAs, one indicated that the HIV-/AIDS spots are inappropriate for their station or format, two reported not receiving any PSAs for consideration (2.1%) and six listed other reasons for not using the spots (6.3%). These findings were much different from the pilot study, in which almost 94% of the radio broadcasters not using PSAs reported they had never been offered any for consideration.

- To what extent are these PSAs being broadcast?

Respondents indicated a strong commitment to broadcast of public service announcements in general. More than half of the stations set aside as much as 15 minutes each day for this activity (55.6%). A surprising number of stations offer a combined total of half-an-hour or more for PSAs (44.5%). Broadcasters reported airing spots in all 15 of the issue categories offered (e.g., arts/cultural, safety belt, birth defects, high blood pressure, etc.) On the specific issue of HIV-/AIDS, 97.8 of the broadcasters reported dedicating 15 minutes or less each day for PSAs, while 2.2% reported setting aside up to 30 minutes for this information.

- What factors weigh into broadcasters' decisions on use of AIDS PSAs?

The typical respondent holds the title of "Program Director," has been in the business 9 years, has completed college work or holds a degree, and is satisfied with his/her job and their television or radio station. No single political/social philosophy seems to dominate; 23.1%

identified themselves as conservative, while 27.4% identified themselves as neutral and 49.5% identified themselves as "somewhat liberal" or "very liberal." Many of the individuals have sole decision-making authority on PSAs (58.9%), while others make decisions in concert with someone else (34.4%). The respondents do not report spending excessive amounts of time screening spots--60.4% spend less than 25% of their time on the task. A large percentage, however, may see the AIDS threat as very real, in their personal experience: 75.8% of the respondents indicated they have known someone with HIV-/AIDS.

- What do broadcasters think about the AIDS threat, and efforts to address it through PSAs?

Although 93.8% of the radio broadcasters surveyed in the pilot study felt HIV-/AIDS was a significant public health threat, the broadcasters responding to the national survey were greatly divided. Of the 96 broadcasters responding to the national survey, 35 (or 37.7%) indicated that a significant health threat is present. Almost 56% were unsure, and 6.4% disagreed that there was a great threat present. Only 18.3% believe AIDS presents more of a threat in their local community than it does nationally. Although 75.3% of the broadcasters believe it's important to broadcast HIV-/AIDS PSAs on television and radio, 74.2% disagree that the current genre of AIDS PSAs are "realistic in their portrayal of the HIV-/AIDS public health threat."

Discussion

As was the case with the earlier pilot study, perhaps the most telling outcome of the national survey is the lack of outreach to broadcasters by campaign planners. Although 83 of the 96 respondent broadcasters report using the HIV-/AIDS PSAs, only five television

broadcasters and one radio respondent reported any personal contact from "America Responds to AIDS", the nation's foremost campaign against AIDS. (One respondent even wrote his name, station call letters and phone number at the bottom of the questionnaire with the note: "Tell them to call me, please!!!") A few broadcasters did report contact with local campaign organizers, but no respondents indicated any contact with any national or regional campaign other than "America Responds. . ." "(There has been) no contact, even though I wrote them ("America Responds to AIDS") and asked for a written response!" said a station manager for an urban public radio station.

Several of the broadcasters who wrote that they had not been contacted made the additional comment that they would be willing to broadcast PSAs, if the materials were provided. "It's been years since we have received any (PSAs)," wrote a program director for a suburban news/talk radio station. "(We) would run them if we had them!"

Of those who were contacted, reactions were positive. A PSA director from an urban commercial TV station wrote of a personal experience, being "flown to CDC Atlanta" in 1984 for a conference on the media's use of AIDS PSAs. "I along with other broadcasters gave our reactions and opinions re: AIDS/HIV PSAs. I really appreciated the opportunity but I haven't seen anything since."

The responses illustrated a great diversity of opinion over the content of television and radio PSAs, particularly in regard to whether HIV-/AIDS is dealt with as a medical or social issue--and whether condom use is, or should be, the focus of HIV-/AIDS PSAs.

PSAs currently available advocate condom use, or "safe sex," when they should instead be making a stand for social responsibility, according to one respondent. "Will a PSA stop an individual from having sex without a condom?" wrote the morning show host for an urban adult contemporary radio station. "Will a PSA stop 'gays' from their disgusting sex practice? Good luck."

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"Keep the PSAs within the framework as a health threat," argued a public affairs director for a suburban news/talk radio station. "No political undertones."

A community affairs reporter for an NPR-affiliate public radio station wrote that his station, located in an urban are with a "high gay population and relatively sophisticated listening audience" does not air HIV-/AIDS PSAs--because the generic information offered is not in line with what serves the community audience. "We feel we serve listeners better with news stories about HIV/AIDS research, available services (i.e. home services, etc.) than PSAs that rehash the same info most listeners have heard for (the) last seven years or so."

Other broadcasters also offered comments in regard to the targeting of PSAs for specific audiences. "Most of the AIDS PSAs I have seen are 'MTV' targeted," wrote a traffic manager for an urban market noncommercial television station. "Very few have shown a responsible approach or included 'average' people who have contracted HIV." A community affairs director for an ABC-affiliate urban TV station also expressed concern about demographic targeting: "Develop more PSAs for heterosexuals," the respondent wrote. "Many people believe AIDS is contracted by gays and drug users only."

"Be honest," urged a PSA director for an urban commercial television station. "It's a horrible way to die." This respondent also expressed concern that cartoon images in PSAs "trivialize" the seriousness of the AIDS threat.

A continuity director for an urban-market PBS station wrote: "America Responds to AIDS" is an ok campaign, but I'd like to see more specific information to identify unsafe behaviors. It's not enough to scare people and pass along '800' numbers. We need PSAs that are not afraid to give clear-cut unambiguous information on AIDS transmission + prevention techniques. At least give broadcasters this option."

But a producer who screens PSAs for an urban commercial station acknowledged that targeting audiences for HIV-/AIDS PSAs is "a fine line to walk" because it is "hard to balance

specific info with appropriateness of time to air PSAs. Some are not appropriate for daytime use and are relegated to ghetto (late) hours." And a community affairs director for a Fox television station pointed out that there are many important issues and well-produced PSAs competing for limited public service air time--a concern which is "the biggest issue" in regard to PSA use.

Limitations

The effort to understand the opinions and actions of broadcasters in regard to HIV-/AIDS PSAs was limited by the size and scope of the research. There are approximately 1,100 television broadcast stations and 9,900 radio stations broadcasting in the United States (Reddy, 1994). The survey takes into consideration the opinions and policies of only .0087% of all of those broadcasters.

The response rate was not what some researchers might consider acceptable. Babbie believes a mail-in survey response rate of 50 percent is considered only "adequate" for generating conclusions, although he also admits that ". . . and a demonstrated lack of response bias is far more important than a high response rate" (1990, p. 182).

But on the other hand, the survey is also one of the first--if not the first of its type. In three years of researching this topic, the author has found no evidence of any other survey to determine what broadcasters think about AIDS PSAs and whether they use them. Furthermore, in his 15 years of work experience in broadcasting, the author has never had contact by any researcher in regard to use of AIDS PSAs (or any other type of PSA, for that matter). And, of those broadcasters who responded to this survey, most reported similar experiences: 85.1% of the broadcasters reported "never before" or only "once in a great while" being surveyed about HIV-/AIDS, and 54.2% indicated they "never" or only "once in a great while" had been surveyed on any subject relating to their jobs.

Applications

The broadcast media offer us perhaps our best hope to educate people to the dangers of HIV infection and AIDS--and to get people to stop risky behaviors. Unfortunately, in many ways, the broadcast media are not living up to their potential. Despite the fact that there has been significant attention to AIDS issues through fiction and non-fiction programming, there's insufficient documentation of a public health benefit. As a result, it is felt by many that we must do more research to create effective programming that people most likely to be at risk will pay attention to. This effort, though small, will assist in that process by helping us better understand broadcasters and the critical role they play in the dissemination of information about AIDS.

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Appendix A

List of stations for survey (by markets)

Television

Market #s	Stations chosen for survey
1 -- 15	52 stations
16 -- 31	45 stations
32 -- 41	18 stations
42 -- 70	25 stations
	140 stations in top 70 markets
71 -- 209	85 stations
	85 stations in bottom 139 markets
Rural non-mkt.	25 stations
	25 stations from outside market areas
	TOTAL 250 TV stations for survey

Radio

Market #s	Stations chosen for survey
1 -- 16	56 stations
17 -- 31	42 stations
32 -- 46	28 stations
47 -- 62	14 stations
	140 stations in the top 62 markets
63 -- 261	85 stations
	85 stations from the bottom 199 markets
Rural non-mkt.	25 stations
	25 stations from outside market areas
	TOTAL 250 radio stations for survey

*(In order to avoid any potential for bias as the result of the earlier pilot study of radio broadcasters on this same topic, no stations from Arkansas, Missouri, Oklahoma or Texas were surveyed for this research.)

Appendix B

Television Broadcasters Survey

This survey is designed to help us find out more about you as a broadcaster, your station, and your opinions of HIV-/AIDS public service announcements (PSAs). We're interested specifically in finding out:

- Whether you broadcast HIV-/AIDS PSAs
- How you make the decision to broadcast (or not broadcast) them
- What you think about the HIV-/AIDS PSAs made available for broadcast

Your participation in this survey is voluntary. No effort will be made to identify you or your TV station. You are entitled to a copy of the results, if you so desire.

If you wish to participate, it will probably take you about 10 minutes to complete the 40-item questionnaire. You may return the form in the enclosed stamped envelope. Thank you!

First... Tell Us About Yourself

Please check the appropriate responses below to help us understand more about you and your TV station:

1. Your station is: ☐ a public TV station ☐ a commercial station

2. The market you serve would best be considered:
   ☐ RURAL ☐ SUBURBAN ☐ URBAN

3. What network (if any) are you affiliated with? _____.

4. Your specific job title is: _____.

5. How many years have you worked in a broadcast programming position?_____.

6. What is your highest level of education?
   - ☐ some high school
   - ☐ high school graduate
   - ☐ some college
   - ☐ college graduate
   - ☐ post-graduate work or degree

7. How would you characterize yourself, in terms of your general outlook on life?
   - ☐ very conservative
   - ☐ somewhat conservative
   - ☐ neutral
   - ☐ somewhat liberal
   - ☐ very liberal

8. How satisfied are you with your job and your TV station, generally?
   - ☐ very satisfied
   - ☐ somewhat satisfied
   - ☐ neutral
   - ☐ somewhat dissatisfied
   - ☐ very dissatisfied

Now... Tell Us About Your TV Station

Please complete the following questions to help us understand your station and its use of PSAs:

9. Does your station broadcast HIV-/AIDS PSAs? ☐ YES ☐ NO

10. If you **have** broadcast PSAs dealing with HIV infection or AIDS, where did the spots originate?:
- ☐ from "America Responds to AIDS"/ Centers for Disease Control
- ☐ from the Ad Council
- ☐ from state health department
- ☐ from another public or private entity
- ☐ do not know/can't remember

11. If you **have not** broadcast HIV-/AIDS PSAs, why?
- ☐ Have never been offered any for consideration
- ☐ Do not use any PSAs
- ☐ HIV-/AIDS subject matter is inappropriate for our station/format
- ☐ HIV-/AIDS subject matter is inappropriate for our community
- ☐ Other (Please indicate:)

12. Please estimate the total amount of air time your station dedicates to PSAs **of any kind** each day:
- ☐ more than 60 minutes
- ☐ 30 to 60 minutes
- ☐ 15 to 30 minutes
- ☐ 0 to 15 minutes

13. Please estimate the total amount of air time your station dedicates to HIV-/AIDS PSAs each day:
- ☐ more than 60 minutes
- ☐ 30 to 60 minutes
- ☐ 15 to 30 minutes
- ☐ 0 to 15 minutes

14. Which of the following issues have been dealt with in PSAs aired on your station? (Check any that apply):

☐ Alzheimer's Disease	☐ Arts/cultural events	☐ Birth defects
☐ Cancer	☐ Child immunization	☐ Crime prevention
☐ Heart disease	☐ High blood pressure	☐ Home safety
☐ Radon gas	☐ Safety belt use	☐ Selective service
☐ Tuberculosis	☐ Veterans issues	☐ Voter registration

☐ Others? Please give example(s):_____

...Tell Us How You Decide

Your answers to the following questions will help us understand how you make decisions about the public service announcements shown on your station:

15. How much of your time is devoted to screening and producing PSAs for broadcast?
- ☐ 100% - all of my time
- ☐ at least 75%
- ☐ at least 50%
- ☐ at least 25%
- ☐ less than 25%

16. To what extent do you use your own judgement about PSAs that are broadcast?

- ☐ I have sole decision-making authority
- ☐ I work together with others to make decisions
- ☐ I have a voice in the decision-making process
- ☐ I have no decision-making involvement whatsoever

17. Please identify the job titles of anyone else involved in the process:

18. Does your station impose any particular restrictions on PSAs? Please explain:

19. Prior to this experience, have you ever answered any kind of a survey about the programming broadcast on your TV station?

- ☐ yes, very often
- ☐ not very often
- ☐ once in a great while
- ☐ never before

20. Prior to this experience, have you ever answered any kind of a survey about HIV-/AIDS?

- ☐ yes, very often
- ☐ not very often
- ☐ once in a great while
- ☐ never before

21. Do you have any personal knowledge of people who have HIV-/AIDS:

- ☐ No one I know has HIV/AIDS
- ☐ Someone I know **may** have HIV/AIDS
- ☐ Someone I know has been diagnosed with HIV/AIDS
- ☐ Someone I know died of AIDS

Please continue...

...Tell Us What You Think

Now we'd like to find out what you think, in general, about PSAs having to do with HIV infection and AIDS. Please read the questions which follow, and mark your response with an "X" in the appropriate box. Please answer the questions even if your station chose not to broadcast any HIV-/AIDS PSAs made available to you.

5 = Strongly agree **4** = Agree **3** = Neutral **2** = Disagree **1**= Strongly disagree

	Question:	5	4	3	2	1
22.	HIV infection and AIDS is a great national public health threat.					
23.	HIV infection and AIDS is an equal or greater threat in my community than it is in most places.					
24.	It is important for TV stations to broadcast PSAs dealing with HIV infection and AIDS.					
25.	My station's viewers seek out information about HIV-/AIDS.					
26.	The PSAs I have seen, or broadcast, effectively portray the potential dangers of HIV- transmission and AIDS.					
27.	I believe the PSAs are realistic in their portrayal of the HIV-/AIDS public health threat.					
28.	I believe the overall message of HIV-/AIDS PSAs makes a strong "connection" with my station's viewers.					
29.	The language and presentation of HIV-/AIDS PSAs is appropriate for my station, format, and audience.					
30.	HIV-/AIDS PSAs specifically identify "unsafe" personal behaviors.					
31.	HIV-/AIDS PSAs motivate people to stop unsafe behaviors.					
32.	The tone of the HIV-/AIDS PSAs, overall, is positive and encouraging.					
33.	The people portrayed in the HIV-/AIDS PSAs are good role models.					
34.	The HIV-/AIDS PSAs are entertaining to watch.					
35.	The PSAs direct the audience to effective sources for additional information.					
36.	The organizations which produce the PSAs demonstrate an interest in working with broadcasters to develop the messages.					
37.	I believe that my opinion as a broadcaster is important to the people who develop HIV/AIDS PSA campaigns.					
38.	I would be interested in obtaining additional PSAs dealing with HIV- infection and AIDS for broadcast on my station.					

39. Have you ever been contacted by a representative of "America Responds to AIDS" or any other HIV/AIDS PSA campaign? If so, would you please tell us a little about the experience(s) and your level of satisfaction?:

40. Do you have any suggestions for the use of television in the fight against HIV-/AIDS or any other public health threat?

Thank you for your time. If you wish to offer any additional comments, please feel free to do so on this form or on another sheet of paper. This questionnaire was mailed to you with a pre-addressed, stamped envelope. Upon completing your responses, please fold the questionnaire and mail. If you wish, you may FAX the completed survey (any time) to (405) 581-5571.

Your responses will be held in strict confidence.
No effort will be made to identify you or your station.
To obtain the results of this survey, please write the authors under separate cover.

Broadcasters Survey
c/o Cameron University
Research Office
Lawton, OK 73505

Appendix C

Research Questions/ Instrument

A break down of how the survey instrument addresses the research questions:

- What percentage of stations report using AIDS PSAs?;
  Addressed in survey questions 1, 2, 3, 4, 5, 6, and 9 (qualitative responses);

- To what extent are these PSAs being broadcast?;
  Addressed in survey questions 12, 13, and 14 (qualitative and quantitative);

- What factors weigh into broadcasters' decisions on use of AIDS PSAs?;
  Addressed in 7, 8, 10, 11, and 15--21 (qualitative and quantitative)

- What do broadcasters think about the AIDS threat, and efforts to address it through PSAs?
  Addressed in questions 22 through 40 (qualitative and quantitative);

The main dependent variable--the extent to which PSA directors report using AIDS public service announcements--is addressed in questions 9, 12, and 13. Independent variables include availability of PSAs for use (questions 10 and 11), organizational restrictions (questions 15, 16, 17, and 18), service to community (questions 21, 22-25, 28, 29, 35, and 40), personal like/dislike of the spots (26, 27, 30-34), and assistance/support from PSA campaign planning organizations (36-39).

The questionnaire collected ancillary data on respondents' station organization (1, 2, 3, 4), professional qualifications, duties, and career satisfaction (4-8) and station programming (12, 14). The responses to these questions illustrate some of the more dynamic issues in regard to broadcasters' use of the AIDS announcements.